



State of Rhode Island Governor's Commission on Disabilities

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Legislative Impact Statement

To: Chair Marvin L. Abney, House Finance Committee
From: Bob Cooper, Executive Secretary *BC*
Re: 21 HOUSE 6122 ARTICLE 12 RELATING TO MEDICAL ASSISTANCE
Tuesday, April 13, 2021

The Governor's Commission on Disabilities' Legislation Committee has developed a Legislative Impact Statement on the bill listed below. The Commission would be pleased to present testimony to the committee. Please contact me (462-0102) if testimony is desired or for additional information.

SECTION 1 would amend RI Gen. Laws 40-6-27. Supplemental Security Income by reducing the state's monthly share of supplementary assistance to the Supplementary Security Income program by deleting (vi) Individual eligible to receive Medicaid-funded long-term services and supports and living in a Medicaid-certified state-licensed assisted-living residence or adult supportive-care residence: With countable income above one hundred and twenty (120) percent of poverty: up to \$465.00; and With countable income at or below one hundred and twenty (120) percent of poverty: up to the total amount \$797.

The section would also amend RI Gen. Laws 40-6-27.2. Supplementary cash assistance payment for certain Supplemental Security Income recipients to delete the provision concerning persons who reside in any assisted-living facility financed by the Rhode Island housing and mortgage finance corporation.

SECTION 1 is tied to SECTION 5 that would repeal in its entirety RI Gen. Laws 40-8.13-12. Community-based supportive living program. This program was established for beneficiaries opting to participate in managed care long-term-care arrangements who choose to receive Medicaid-funded assisted living, adult supportive-care home, or shared living long-term-care services and supports. The executive office was authorized to raise the cap on the amount Medicaid-certified assisted-living and adult supportive home-care providers are permitted to charge participating beneficiaries for room and board.

The Commission is concerned – Is there a transition plan for the current beneficiaries of the Community-Based Supportive Living Program?

SECTION 8(m) The Secretary of Health and Human Services requests the General Assembly to authorize the following proposals to amend the demonstration to Elimination of Category F State Supplemental Payments. To ensure better access to home- and community-based services, the Executive Office proposes to eliminate the State Supplemental Payment for Category F Individuals. Category F is an increased State-funded optional supplemental payment for Medicaid beneficiaries who meet certain financial eligibility requirements and have been determined by EOHHS to have an enhanced level of need for the services certain assisted living residence (ALRs) have the capacity to provide. The supplemental payment is to be used by the beneficiary to pay toward room and board, which is priced higher in ALRs that offer enhanced services. Optional State Supplement Payment (SSP) Limits up to \$66.42 per month.

The Commission Opposes, the Supplemental Security Income (SSI) Program is designed to provide a floor of income for the aged, blind, or disabled who have little or no income and resources. SSI provides cash assistance. If you qualify for SSI, you also qualify for State Supplemental Payment (SSP). Category F is the Community Supportive Living Program (CSLP) an assisted living residential

care setting. This category provides enhanced and/or specialized services [Long Term Services and Supports] such as dementia and behavioral health care, access to limited skilled nursing, and/or more intensive personal care] to an individual who been screened and assessed to determine whether the person has the level of need for enhanced or specialized services provided by a CSLP certified residential care setting.

Sections: 4; 8(g); 8(i); and 8(l) if amended to reduce the "brain drain" of direct care workers to our neighboring states. These should be amended to match the wages paid in the states of Connecticut & Massachusetts.

State Studies Find Home and Community-Based Services to Be Cost Effective

Wendy Fox-Grage, AARP Public Policy Institute

Jenna Walls, Health Management Associates

The vast majority of people who need long-term services and support want to live in their own homes and communities as long as possible. States have made progress in providing greater access to home and community-based services (HCBS) for people with low incomes.

This research collected state studies about the cost effectiveness of HCBS. The 38 studies, published from 2005 to 2012, include state-specific analyses by public and other organizations. Major findings:

The studies that evaluated the cost effectiveness of HCBS supported Medicaid balancing and other efforts to move more resources toward home and community services rather than institutional care.

The studies consistently showed lower average costs per individual for HCBS compared to institutional care. In California, for example, spending on nursing home care per person was three times higher than for HCBS: \$32,406 for nursing facility care versus \$9,129 for HCBS in 2008.

The findings show cost reductions by diverting people from nursing home care to HCBS. In Nevada, the monthly average number of older adults who opted for HCBS waivers grew 58 percent from 2001 to 2007, while the nursing home caseload decreased 8.5 percent.

Source: https://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/2013/state-studies-find-hcbs-cost-effective-in-brief-AARP-ppi-ltc.pdf

SECTION 4 would attempt to address the problem of high staff turnover related to low wages, and increase adequate supply of direct care workers by authorizing the executive office of health and human services to institute a payment methodology change, in Medicaid fee-for-service and managed care, for FY 2022, to be passed through directly to the direct care workers' wages that are employed by home nursing care and home care providers licensed by Rhode Island Department of Health:

(i) Effective July 1, 2021, increase the existing shift differential modifier by \$0.19 per fifteen (15) minutes for Personal Care and Combined Personal Care/Homemaker, that would be in addition to the rate of compensation that the employee was receiving as of June 30, 2021;

(ii) Effective January 1, 2022, the executive office would establish a new behavioral healthcare enhancement of \$0.39 per fifteen (15) minutes for Personal Care, Combined Personal Care/Homemaker, and Homemaker only for providers who have at least thirty percent (30%) of their direct care workers (which includes Certified Nursing Assistants (CAN) and Homemakers) certified in behavioral healthcare training, that would be in addition to the rate of compensation that the employee was receiving as of December 31, 2021.

SECTION 8(g) The Secretary of Health and Human Services requests the General Assembly to authorize the following proposals to amend the demonstration to Change to Rates for Nursing Facility Services. To more effectively compensate the nursing facilities for the costs of providing care to members who require behavioral healthcare or ventilators, the Executive Office proposes to revise the fee-for-service Medicaid payment rate for nursing facility residents in the following ways:

(i) Re-weighting towards behavioral health care, such that the average Resource Utilization Group (RUG) weight is not increased as follows:

1. Increase the RUG weights related to behavioral healthcare; and
2. Decrease all other RUG weights

(ii) Increase the RUG weight related to ventilators; and

(iii) Implement a behavioral health per-diem add-on for particularly complex patients, who have been hospitalized for six months or more, are clinically appropriate for discharge to a nursing facility, and where the nursing facility is Medicaid certified to provide or facilitate enhanced levels of behavioral healthcare.

SECTION 8(i) The Secretary of Health and Human Services requests the General Assembly to authorize the following proposals to amend the demonstration to Increase rates for home nursing care and home care providers licensed by Rhode Island Department of Health. To ensure better access to home- and community-based services, the Executive Office proposes, for both fee-for-service and managed care, to increase the existing shift differential modifier by \$0.19 per fifteen (15) minutes for Personal Care and Combined Personal Care/Homemaker effective July 1, 2021, and to establish a new behavioral healthcare enhancement of \$0.39 per fifteen (15) minutes for Personal Care, Combined Personal Care/Homemaker, and Homemaker only for providers who have at least thirty percent (30%) of their direct care workers (which includes Certified Nursing Assistants (CAN) and Homemakers) certified in behavioral healthcare.

SECTION 8(l) The Secretary of Health and Human Services requests the General Assembly to authorize the following proposals to amend the demonstration to Increase Assisted Living rates. To ensure better access to home- and community-based services, the Executive Office proposes to increase the rates for Assisted Living providers in both fee-for-service and managed care.

SECTION 2 would amend RI Gen. Laws 40-8-4. Direct vendor payment plan, by deleting provision regarding medical care benefits furnished to eligible individuals (i) nominal co-payments or similar charges upon eligible individuals for non-emergency services provided in a hospital emergency room; and (ii) co-payments for prescription drugs in the amount of one dollar (\$1.00) for generic drug prescriptions and three dollars (\$3.00) for brand-name drug prescriptions.

This section would also amend RI Gen. Laws 40-8-26. Community health centers by authorizing the executive office of health and human services adopt and implement an alternative payment methodology (APM) for determining a Medicaid per-visit reimbursement for community health centers.

The Commission Supports the elimination of nominal co-payments or similar charges for non-emergency services provided in a hospital emergency room and prescription co-payments by consumers will streamline the delivery of services and reduce the non-medical activities of vendors (i.e. trying to recover these nominal co-payments from patients).

SECTION 8(c) The Secretary of Health and Human Services requests the General Assembly to authorize the following proposals to amend the demonstration to Update dental benefits for children. The Executive Office proposes to allow coverage for dental caries arresting treatments using Silver Diamine Fluoride when necessary.

The Commission Supports silver diamine fluoride (SDF) is applied directly to cavities to instantly stop the process of decay—for less than a dollar per treatment. Other topical fluorides, including toothpaste and professionally applied varnish, primarily aim to prevent future tooth decay. More invasive treatments are typically required to treat decay once the caries process has begun to erode teeth—until now. SDF is the first and only dental therapy the US Food and Drug Administration (FDA) has fast-tracked through the approval process.

States could save millions of dollars in Medicaid payments if they adopted and promoted SDF as an alternative to more invasive treatments which cost in the hundreds of dollars by comparison.

Source: <https://depts.washington.edu/nwbfc/silver-diamine-fluoride-SDF-for-children-cavities#:~:text=Silver%20diamine%20fluoride%20%28SDF%29%20is%20applied%20directly%20to,varnish%20C%20primarily%20aim%20to%20prevent%20future%20tooth%20decay>

SECTION 8(d) The Secretary of Health and Human Services requests the General Assembly to authorize the following proposals to amend the demonstration and provide Perinatal Doula Services. The Executive Office proposes to establish medical assistance coverage and reimbursement rates for perinatal doula services, a

practice to provide non-clinical emotional, physical and informational support before, during and after birth for expectant mothers, in order to reduce maternal health disparities, reduce the likelihood of costly interventions during births, such as cesarean birth and epidural pain relief, while increasing the likelihood of a shorter labor, a spontaneous vaginal birth, and a positive childbirth experience.

The Commission Supports providing Perinatal Doula Services an ounce of prevention is worth more than a pound of cure. Preventing or reducing birth defects with perinatal doula services is an extremely cost effect way of reducing or eliminating lifelong impact of early childhood disabilities.

SECTION 8(f) The Secretary of Health and Human Services requests the General Assembly to authorize the following proposals to amend the demonstration to provide HCBS Maintenance of Need Allowance Increase. The Executive Office proposes to increase the Home and Community Based Services (HCBS) Maintenance of Need Allowance from 100% of the Federal Poverty Limit (FPL) plus twenty dollars to 300% of the Federal Social Security Income (SSI) standard to enable the Executive Office to provide sufficient support for individuals who are able to, and wish to, receive services in their homes.

The Commission Supports the Increase In the Maintenance of Need Allowance should encourage individuals and their families to remain at home and in their community.

SECTION 8(h) The Secretary of Health and Human Services requests the General Assembly to authorize the following proposals to amend the demonstration to Increase Shared Living Rates. In order to better incentivize the utilization of home- and community-based care for individuals that wish to receive their care in the community, the Executive Office proposes a ten percent (10%) increase to shared living caregiver stipend rates that are paid to providers through Medicaid fee-for-service and managed care.

The Commission Supports the Increase In the shared living caregiver stipend should encourage individuals and their families to remain at home and in their community.